

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 1 1940
DEPARTMENT OF SURVEILLANCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1003

State File No. 9478

Registrar's No. 2961

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether In this community. Unknown
years, months or days)

3. (a) PRINT FULL NAME Lucile Murray

8. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased August 19, 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace XXXXXX Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business XXX

MOTHER FATHER { 12. Name Joseph Murray
13. Birthplace XXX Miss
(City, town, or county) (State or foreign country)
14. Maiden name Ida Collins Miss
15. Birthplace XXXXXX
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Florence A Spotts
(b) Address 2601 N Whittier

17. (a) _____ (b) Date shrouded 2/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Ritten
(b) Address 3100 Rutger

19. (a) MAR 23 1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 N 14th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1940 hour 8:40 minute A M.

21. I hereby certify that I attended the deceased from February 26, 1940, to March 8, 1940
that I last saw her alive on March 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis Duration 6 mos

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature J. B. Martin (M. D. or other) _____
Address 2601 N Whittier Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.